

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567565

FILING DATE

FEB 08 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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41			/			
42			/			
43			/			
44			/			
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47			/			
48			/			
49			/			
50			/			
TOTAL IND.			4			
TOTAL DEP.			33			
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.			0			
TOTAL DEP.			4			
TOTAL CLAIMS			4			